University of Missouri DIRECT DEPOSIT

Authorization and Order For Payroll Check Direct Deposit in Financial Institution

Effective Date	Your Employee ID Number	Your Name (Last, First, Middle Initial)
Home Address (Street, City, State	, Zip Code)	

The Treasurer of University of Missouri is hereby authorized to deposit my pay into my account identified as and held at the financial institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

Your Signature				Date					
TYPE OF ACCOUNT									
	Financial Institution Name								
Checking									
Savings	Financial Institution Address								
	City	State	Zip						
Financial Institution Information									

Fransit Number									
Account Number									

Bring this form to your HR office with a valid photo ID for processing. If you are unable to appear in person, notarization of this form is required. Please allow 10-14 days for this to become effective.

Signed in my presence this _____ day of _____, 20____.

Notary _____

My Commission Expires: